PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/704178

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	YTITY	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			(₀ () minus 20=		. 40			X\$ 9=	360,	OR	X\$18=	
INDEPENDENT CLAIMS			/ / minus 3 =		* 5			X40=	200,	OR	X80=	:
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	, ,
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	olumn 2	Į	TOTAL	915.	OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDE) - PAR (Colur		(Column 3)	_	SMALL		OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	. ,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 4 O	Minus	** 2		= .—)		X\$ 9=		OR	X\$18=	
	Independent	* \$ NTATION OF MI	Minus	*** \$	`			X40=		OR	X80=	
	TINOTTRESE	MATION OF WI	JETIFEE DE	PENDEN	CLANVI		'	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.66	Minus	"	<u> </u>	=	┇╏	X\$ 9=	-	ΘR	X\$18=	
	Independent	TATION OF MI	Minus	*** C	AL AIM] = <u></u>	+[X40=		OR	_ X80=	/
<u></u>	THIOTTHEOL	NIAHON OF MA	JETH EE DE	CNDEN	CLAIN		」	+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)	1		mn 2)	(Column 3)	1 _					
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus		M	me	igert	X\$.9=		OR	X\$18=	
	Independent	*	Minus	DENDEN	T OL ALIA	=		X40=		OR	X80=	
<u>L</u>	LINOI PHESE	NTATION OF M	OLITPLE DE	PENDEN	CLAIM		┚╏	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	and in the app	oropriate bo	x in co	lumn 1.	